

Letter of Clarification on Insurance Coverage Details

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to request clarification regarding the details of my insurance coverage under policy number [Insert Policy Number]. I would like to better understand the specifics of my coverage, including any exclusions, limitations, and the process for filing claims.

Specifically, I would appreciate information on the following:

- Coverage limits for [specific services or items]
- Any exclusions related to [specific scenarios]
- The timeline for claims processing

Sincerely,

[Your Name]